

Trauma Center Designation Application Packet Checklist

Please use this checklist to assure you have reviewed your OEMS Trauma Designation File and are submitting a complete application packet to the Office of EMS. A complete application packet is required to be submitted no later than 60 days prior to your site review date that has been previously set.

I _____ have reviewed my hospital's OEMS Trauma Designation File and addressed any discrepancies with OEMS staff.

_____/_____/_____
Signature Date

- ☐ Acknowledgement that the OEMS Trauma Designation File has been reviewed (sign above).
- ☐ Trauma Center Code of Conduct (form provided).
- ☐ Trauma Center Capabilities form.
- ☐ Level I, II or III Checklist for appropriate level requested (form provided).
- ☐ Trauma Center Questionnaire.
- ☐ Current Organizational Chart describing the relationship of the trauma program within the hospital organizational structure.
- ☐ Impact Statement (see page 27 of designation manual for instructions).
- ☐ Site Review Fee (see below)

The site review fee is \$2,000. A check payable to the Office of EMS should be sent at the same time your application is submitted. An invoice has been generated by OEMS and included with your application packet. The check should be sent to The Office of EMS, attention to Dennis Molnar, Business Manager at the address below.

Completed Applications should be mailed to:

Virginia Office of Emergency Medical Services
Attn: Paul M. Sharpe, Trauma/Critical care Coordinator
109 Governor Street, UB 55
P.O. Box 2448
Richmond, Virginia 23218